DECLARATION FOR PATENT APPLICATION, POWER OF ATTORNEY & DESIGNATION OF CORRESPONDENCE ADDRESS

As below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND SYSTEM FOR PROVIDING SUPPORT WHEN SELECTING A TRAINING PROGRAM AS PART OF THERAPY PLANNING

the specification of w	hich (check one)			
is attached he	ereto, and			
X was filed on 0	7.03.03 as Application	Serial No. 10/611,932.		
	that I have reviewed a the claims, as amende			
	e the duty to disclose i ordance with 37 CFR §		aterial to the e	xamination of
	PCT APPLICATION(S THIS APPLICATION A			
for patent or invento	foreign priority benefit or's certificate listed be or inventor's certificate simed:	elow and have also i	dentified belov	v any foreign
Prior Foreign Application(s)		Priority C	laimed	
Number	Country	Filing Date	Yes	No
EP02014703		07.03.02		

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S) (35 U.S.C. § 119(e))

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

Provisional Application Number	Filing Date

CLAIM FOR BENEFIT OF EARLIER US/PCT APPLICATION(S) UNDER 35 U.S.C. 120

I hereby claim the benefits under 35 USC §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 USC §112, I acknowledge the duty to disclose material information as defined in 37 CFR §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Appl. No.	Filing Date	Patented, Pending, Abandoned	

Power of Attorney:

I hereby appoint practitioners associated with customer number **28524** to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Send Correspondence to:

Customer No. 28524 Siemens Corporation

Direct inquiries to: Elsa Keller, Legal Administrator Tel. 732-321-3026 Fax 732-321-3014 I hereby declare that all statements made herein on my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under 18 USC §1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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Serial No. Atty. Dkt. 2002P01318 US

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